## PATENT APPLICATION FEE DETERMINATION RECORD

Effective December 8, 2004

Application or Docket Number

10/572740

CLAIRIC ACEUED DIE								10/5/2/40				
CLAIMS AS FILED - PAR' (Column 1)					SM/			SMALL EN	SMALL ENTITY		OTHER THAI	
U.S	S. NATIONAL	STAGE FEES	(Colum	nn 1)	T-	(Column 2)	7			OR T	SMALL	ENTITY
—	SIC FEE		SMALL FAIT	F - 0.450	-		-	RATE	FEE		RATE	FEE
			SMALL ENT		<del> </del>	GE ENT. = \$ 300 ther situations =		BASIC FEE		OR	BASIC FEE	300
EXAMINATION FEE			(4) = \$50 All other situati	0/\$ 100		\$ 100 / \$ 200		EXAM. FEE			EXAM. FEE	200
SEARCH FEE			Search   = \$ 250 /	Rpt.)	ALL	ISA = \$50 / \$ 100 other countries = \$ 200 / \$ 400		SEARCH FEE			SEARCH FEE	400
FEE FOR EXTRA SPEC. PGS.			/40min	us 100 =	4	/ 50 =		X \$ 125 =		1	X \$ 250 =	350
TOTAL CHARGEABLE CLAIMS			40 mi	nus 20 =	*	20		X \$ 25 =		OR	X \$ 50 =	1000
INDEPENDENT CLAIMS			/ m	ninus 3 =	*			X \$ 100 =		OR	X \$ 200 =	7000
		DENT CLAIM PR						+ \$ 180 =		OR	+ \$ 360 =	
* If	the difference	e in column 1 is	less than zero	o, enter "C	)" in cc	olumn 2		TOTAL		OR		2/50
		CLAIMS AS	AMENDED	- <b>ΡΔ</b> ΡΊ	Г #1			•				Lada,
CLAIMS AS AMENDED - PART II  (Column 1) (Column 2) (Column 3)						(Column 3)		SMALLE	NTITY	OR	OTHER SMALL E	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUME PREVIO PAID I	BER DUSEY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=	1	X \$ 25 =		OR	X \$ 50 =	100
	Independent	*	Minus	***	·	=		X \$ 100 =		OR	X \$ 200 =	
-	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+ \$ 180 =	,	OR	+ \$ 360 =	
							<del>-</del>	TOTAL ADDIT. FFF		OR	TOTAL ADDIT. FFF	
		(Column 1)		(Colum		(Column 3)						
		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIOI PAID F	ER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X \$ 25 =		OR	X \$ 50 =	
	Independent	*	Minus	***		-		X \$ 100 =		OR	X \$ 200 =	
	FIRST PRESI	ENTATION OF M	ULTIPLE DEPE	NDENT C	LAIM			+ \$ 180 =		OR -	+ \$ 360 =	
							T	OTAL ADDIT:		OR .I	OTAL ADDIT.	
***	r the "Highest Nui f the "Highest Nui	mn 1 is less than the mber Previously Paid mber Previously Paid liber Previously Paid	d For' IN THIS SPA d For' IN THIS SPA	ACE is less t ACE is less t	lhan '20',	, enter "20".	ı the a	appropriate box in	I column 1.			

FORM PTO-875 (Rev. 02/2005)

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